Healthy Women of Ukraine Program

Annual Report to USAID

Program Year 3
October 2013 - September 2014

Cooperative Agreement No: 121-A-11-00003
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Acronyms and Abbreviations

BCC  Behavior Change Communications
BHC  Bayer HealthCare
CA  Cooperative Agreement
CME  Continuing Medical Education
COC  Combined Oral Contraceptive Pills
CPR  Contraceptive Prevalence Rate
CY  Calendar Year
CYP  Couple Years of Protection
EC  Emergency contraception
FD  Family Doctors
FP  Family Planning
FY  Fiscal Year
GIZ  German International Development Agency
GOU  Government of Ukraine
HIV/AIDS  Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HQ  Headquarter
HWUP  Healthy Women of Ukraine Program
IEC  Information, Education and Communication
IPC  Inter-personal Communication Educational Sessions
IPOG  Institute of Pediatrics, Obstetrics and Gynecology
IUD  Intrauterine (contraceptive) Device
JSI  JSI Research & Training Institute, Inc.
LCB  Local Capacity Building (plan)
LSA  Life Stage Approach
MCH  Maternal and Child Health
MOE  Ministry of Education
MOH  Ministry of Health
MOSP  Ministry of Social Policy
NCS  National Communication Strategy
NGO  Nongovernmental Organization
NMAPE  National Medical Academy of Postgraduate Education
Ob-gyn  Obstetrician-gynecologist
OCA  Organizational Capacity Assessment
OCC  Oblast Coordination Committee
OHD  Oblast Health Department
PA  Partnership Agreement
PMEP  Project Monitoring and Evaluation Plan
POP  Progestin Only Pills
PP/PA  Post-partum/Post-abortion
PSA  Public Service Announcements
PY  Program Year
RH  Reproductive Health
SDC  Swiss Development Cooperation
SMD  Support in Market Development
SPRHN  State Program “Reproductive Health of the Nation”
TA  Technical Assistance
TCA  Technical Capacity Assessment
TfH  Together for Health Project
TOT  Training of Trainers
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>The United Nations Children's Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VPPA</td>
<td>Voluntary Population Planning Activities</td>
</tr>
<tr>
<td>WH&amp;FPF</td>
<td>Women’s Health and Family Planning Charitable Foundation</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WRA</td>
<td>Women of Reproductive Age</td>
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</tbody>
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I. Overview (Executive Summary)

This is the Annual Report for the Healthy Women of Ukraine Program (HWUP) Fiscal Year 3, covering the period October 1, 2013 to September 30, 2014. Implemented by JSI Research & Training Institute, Inc. (JSI), in partnership with the Women’s Health and Family Planning Charitable Foundation (WH&FPF), HWUP began on October 1, 2011 and extends until September 30, 2015. HWUP’s goal is to protect the reproductive health (RH) of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception to prevent unwanted pregnancy and associated abortion. To achieve this goal, HWUP conducts activities in support of three main objectives:

- Obj. 1: Enabling women and couples to make informed FP and RH choices.
- Obj. 2: Improving FP service provider knowledge of modern FP methods and their clinical and counseling skills in order to address existing misinformation and fear of hormonal methods.
- Obj. 3: Promoting a national and regional policy environment conducive to family planning and reproductive health.

In accordance with the HWUP Cooperative Agreement (CA) and approved workplan for Year 3, HWUP continued family planning/reproductive health (FP/RH) activities in eight Year 1 and Year 2 oblasts – Kirovohrad, Ternopil, Zhytomyr, Luhansk, Kherson, Sumy, Zakarpattya and Kyiv oblasts – as well as started activities in three new oblasts – Chernivtsi, Chernihiv and Mykolaiv. HWUP also continued activities in those oblasts that received a moderate amount of USAID support from 2005 to 2011 (Cherkasy, Donetsk, and Khmelnytsky oblasts) through the Together for Health project. Unfortunately, due to unforeseen circumstances and despite all efforts to the contrary, the Program was unable to begin activities in Kyiv City as it was initially planned for this year.

The period 2013-2014 was marked in Ukraine by significant political and economic events which served to destabilize the country and resulted in a challenging environment in which all Ukrainians had to operate. Specific examples of how instability in the country affected the project throughout Year 3 include:

- Political instability and changes in the Government of Ukraine led to frequent rotations at the Ministries and within Oblast Civil and Health Administrations. Personnel changes complicated coordination of HWUP’s activities and the effective/timely making of policy decisions, and resulted in the need for additional advocacy activities to orient new stakeholders prior to starting/continuing the project’s implementation.
- Military confrontations in Kyiv City and in the eastern regions of Ukraine, particularly in Luhansk oblast, made implementation of certain activities impossible such as staging of mass health promotion events. In addition, movement of project staff and stakeholders to/from oblasts was more restricted and/or not possible and project communications with local administration officials in Lugansk oblast were made more difficult.
- Because the Autonomous Republic of Crimea was annexed by the Russian Federation in March 2014, HWUP had to cancel issuance of a planned small grant to a local Crimean NGO. This NGO grantee would have worked with women with disabilities.
- Political instability has been accompanied by economic instability in the country. At the national level, the government made serious (approximately 30%) cuts in health expenditures, and this influenced the MOH’s ability for example to purchase contraceptives for women of vulnerable groups as stated in the State Program “Reproductive Health of the Nation” (SPRHN). In addition, economic problems forced HWUP’s private sector partners like Bayer Health Care to temporarily halt funding of FP/RH – related activities.
The above major challenges and constraints notwithstanding, in 2013-2014 HWUP still had a series of important programmatic and policy achievements. Consistent with sustainability and local capacity development principles outlined in USAID’s FORWARD initiative, HWUP continued to strengthen its partner organization, the Women’s Health and Family Planning Charitable Foundation (WH&FPF), focusing on WH&FPF’s technical and organizational development. With HWUP support, action items outlined in WH&FPF’s previous years’ Organizational Capacity Building Plans and behavior change communications (BCC) Capacity Building Plans were fully completed. Over the course of Year 3, WH&FPF, with technical assistance (TA) and support from JSI, developed several comprehensive operational policies and procedures, including M&E policies, financial policies, and others. Next year, HWUP will support WH&FPF in development of a new capacity building plan to last through 2015, which will be based on results and lessons learned during the past two years.

In addition to capacity-building of WH&FPF, HWUP increased the capacity of its other program partners, for example non-governmental organizations (NGOs) which have played an active role in supporting BCC campaigns in their respective oblasts. Increased NGO capacities are evidenced by the large number of activities they have conducted during the year, as well as by the relatively large number of participants engaged in these activities compared to previous years.

In addition, HWUP awarded grants to five local NGOs this year to increase efforts at improving access to FP/RH services for women with disabilities. HWUP strengthened grantees’ organizational capacity (e.g., all NGO grantees were trained in project management; audit methodology to assess healthcare facilities’ accessibility for people with disabilities and accessibility of FP/RH services for target clients; and general FP/RH issues). All NGOs have since completed the health facilities accessibility audits in their respective oblasts.

HWUP’s support continued at the policy level throughout 2013-2014, with a consistent emphasis placed on future sustainability and the institutionalization of FP/RH - positive changes. Program-supported achievements include:

- Approval of two new national orders, namely, 1) joint Ministry of Health of Ukraine and National Academy of Medical Sciences of Ukraine Order #1030/102 “On improvement of family planning and reproductive health in Ukraine” dated November 29, 2013 that regulates organization and functioning of the FP/RH system in Ukraine, as well as provides for the creation of a National Family Planning Center which will be responsible for FP policy and in-service education nationwide; and 2) Ministry of Health of Ukraine Order #59 “On approval and implementation of medical and technical documents on standardization of care in the area of family planning” dated January 21, 2014 which introduced new FP/RH clinical guidelines and protocols;
- Initiative to institutionalize family planning and modern contraceptive technology in Ukrainian medical universities through the development of a new FP pre-service curriculum for medical students, interns in Obstetrics/Gynecology (ob/gyn), and interns in Family Medicine, as well as introduction of innovative teaching methodologies;
- Ministry of Education approval of the “Grow Healthy” FP/RH training curriculum for secondary school teachers which was developed jointly with UNFPA. The curriculum will be integrated into training courses for secondary school teachers and will also be used by the Institutes of Postgraduate Education of Teachers;
- Capacity-building of the Family Medicine Training Center at Bohomolets Medical University in training and post-training support to family doctors.

In terms of increasing community access to and availability of FP services, HWUP results in 2013-2014 are very encouraging. HWUP rapidly increased the number of FP sites in partner regions from 172 to 646 sites, primarily in rural or underserved communities, and expanded service provision by family doctors.
II. Key Accomplishments during HWUP Year 3

- Regional Communication Strategies (RCS) are successfully implementing in eight PY1 and PY2 oblasts - Kirovohrad, Ternopil, Zhytomyr, Luhansk, Kherson, Sumy, Zakarpattya, Kyiv oblasts; in three PY3 oblasts (Chernivtsi, Chernihiv and Mykolaiv oblasts) development of such strategies was started. During the reporting year, Program provided small grants to NGOs in Chernivtsi, Chernihiv and Mykolaiv oblasts. These NGOs-grantees currently conduct public raising awareness activities on FP/RH issues and also participate in the development of RCSs for their respective oblasts.

- A wide range of information, education and communication (IEC) materials (such as posters, brochures, flyers, tents, t-shirts and bracelets) were developed/revised and tailored for different audiences and distribution channels. New promotional materials for website and hotline (poster and mouse pad) were developed and their distribution started. The main message of these materials – “What are your plans for the future?” - is in line with the message on National Communication Strategy (NCS) logo “Future worth planning”. The main target audience of the materials is youth; therefore, HWUP distributes them through universities, students’ dormitories and BIBLIOMIST project’ Internet centers. In total, more than 384 000 copies of materials were distributed in oblasts.

- 48 new Behavior Change Communications (BCC) educators were trained in three PY3 oblasts and the city of Kyiv. They already conducted 203 educational sessions for 3,500 people in their respective oblasts. In all partnering oblasts trained community educators reached out about 15,200 women and men of reproductive age and, specifically, to population groups who usually have limited access to FP/RH information, such as vocational schools’ students and unemployed women, with HWUP’s FP messages. As evidenced by questionnaires completed by education session participants, there was a positive change in their attitudes toward FP/RH.

- The Program continued to focus on gender issues by expanding partnerships with women’s groups and increasing male participation in program activities. Continuously around 41% of BCC activities’ participants during PY3 were men, while in PY1 there were less than 30% of men among participants of HWUP activities.

- Russian version of a website on FP/RH, www.planA.org.ua was developed and currently is available for general public additionally to the Ukrainian version of this website developed jointly with the United Nations Fund for Population Activities (UNFPA) and launched in the PY2. The website will be maintained by the WH&FPF after HWUP ends.

- The number of FP/RH hotline’ clients has increased by two times (from 35 per month in PY2 to 65 per month in PY3). Analysis of the calls proves that majority of clients are from HWUP partnering oblasts where the Program jointly with partners organized extensive informational campaigns.

- HWUP’s Public Service Announcement (PSA) received a status of social advertisement from the National Council on TV and Radio, and was widely promoted in partnering oblasts. HWUP estimates that during the PY3 approximately 1.6 million women of reproductive age and men saw this PSA. In addition, following the requests of HWUP partners in oblasts, a new PSA targeted on youth and their parents was developed. This new PSA, from one side, encourages youth to practice safe sex and, from another side, approaches parents of young people with the message on importance of talking to their children about safe behavior and FP issues.

- HWUP built oblast capacity by training oblast teams of trainers and supporting them in facilitating clinical activities in their respective oblasts. The local team of trainers was created in each partnering oblast and includes 10-15 trainers each. In total, 141 master-trainers have been trained within the
Program life. Local trainers will continue to act as technical resources in their respective oblasts beyond the HWUP.

- The Program created additional opportunities for continued education among service providers, by supporting Oblast Health Departments (OHDs) to conduct seminars and roundtable workshops as part of their routine work. 251 conferences/seminars/round tables were conducted for 7233 participants, 99 of them were organized with financial support from private sector partners (PSP) – Bayer Healthcare and Richter Gideon.

- HWUP-supported trainings resulted in increasing of health providers’ clinical knowledge and skills, as evidenced by an increase in the average pre-training test score from 56 % to 96 % post-training, and the reported increased provision of counseling in their daily work.

- 1329 health care providers were trained over the course of 56 trainings on FP/RH issues in Year 3. Approximately 70% of clinical training participants were family doctors and mid-level staff (34% of trainees were family doctors, 37% - mid-level staff and remaining 29% were obstetrician-gynecologists), including 85% women and 15% men. This allowed HWUP to make FP services accessible to a larger population in rural and urban areas.

- HWUP also conducted seven 3-day trainings on post-partum and post-abortion (PP/PA) contraception for 144 ob-gyns and midwives from third-level regional perinatal centers in partnering oblasts. Trainees updated their knowledge on FP methods in PP/PA periods which consequently will improve FP cervices in perinatal centers and maternities.

- New educational curricula for students of medical universities and interns in ob-gyn were developed. This increased the time for teaching FP issues by 66% (from 12 hours to 20 hours) for students and by 2 times (from 34 hours to 68 hours) for interns in ob-gyn. Educational curriculum for interns in ob-gyn was approved by the Ministry of Health (MOH) Coordination Committee for Postgraduate Education and was finally endorsed by the MOH. The curriculum for students was finalized and sent to the MOH for final approval. Changes to pre-service training are essential to institutionalize FP/RH education for ob-gyns and family doctors, and to prepare a new generation of FP/RH providers with evidence-based knowledge and counselling skills that are currently not being taught at medical universities. Strengthening of the country’s FP-related pre-service training is another part of HWUP’s sustainability plan, as changes to pre-service training will affect all future medical students and interns of medical universities.

- HWUP continued support the Family Medicine Training Center in Bohomolets’ National Medical University in developing methodological recommendations “Introduction of modern family planning methods into primary health care facilities”. These recommendations were approved by the MOH and will be disseminated by the Center during its FP/RH training-courses to all trainees as a reference material to be used after training.

- HWUP developed and have started implementation of a follow-up system in all partnering oblasts. The follow-up system will help the HWUP team and partners to identify gaps in post-training knowledge of healthcare providers and to respond their needs with implementation of reinforcement trainings.

- HWUP provided support to the Ministry of Health (MOH) in: 1) monitoring the implementation and expenditures of the State Program “Reproductive Health of the Nation” (SPRHN) which runs until 2015, and 2) preparing the annual report on SPRHN implementation in 2013. The report shows that despite critical political situation, existing challenges and difficulties in the Ukrainian economy, the Governmental funding for contraceptives procurement (from the national budget) is stable. In 2013 the Government of Ukraine (GOU) spent 1.3 million UAH for contraceptives procurement, which indicates that the GOU’s commitment to FP/RH remains strong.
• 10 Oblasts Coordination Committee meetings were conducted with HWUP support. These meetings were focused on presenting and discussing the results of the oblasts’ FP/RH programs implementation during the period of 2008-2013 (particularly in 2013), as well as on advocating for adequate financing of the FP component in their oblasts’ FP/RH programs.

• HWUP also supported MOH in development of new national FP/RH regulatory documents which then were approved (described above). These new national documents are a legal basis for FP/RH services in Ukraine for at least five following years. In order to present and disseminate a newly developed package of national regulatory documents nationwide, HWUP supported MOH in organization of a National Dissemination Meeting entitled “Improvement of Family Planning and Reproductive Health system in Ukraine” for leading FP/RH experts from all regions of Ukraine. To facilitate further dissemination and, consequently, effective implementation of newly developed policies at oblast level, HWUP developed and distributed training materials that explain details, innovations and peculiarities of the new national policies. Moreover, HWUP organized 11 regional workshops (one in each partnering oblast) to present, discuss in details and further disseminate the new package of national FP/RH regulatory documents.

• HWUP signed Partnership Agreements (PA) with Oblast State Administrations in three new oblasts (Chernivtsi, Chernihiv and Mykolaiv oblasts). These PAs outline the responsibilities of oblast partners and local institutions in implementation of FP activities. 3 oblast-to-oblast study tours were conducted for these “new” partner oblasts in order to learn from “old” partnering oblasts their best practices and experience in HWUP implementation, as well as discuss and get lessons learned on regional FP/RH program implementation and financing.

• HWUP jointly with United Nations Population Fund (UNFPA) conducted seven joint advocacy workshops “Building Partnership for Enhancing Access to Quality Family Planning Services and Sustainable Access to Contraception” for local officials and policy makers at regional level in order to attract their attention to FP issues; advocate for funding for contraceptive procurement from local budgets; raise their awareness on public health, social and demographic benefits of effective family planning policies; and increase access to FP/RH commodities for different population groups.

• HWUP jointly with MOH, UNFPA and WH&FPF developed an FP/RH advocacy package, which would be used by the HWUP and other partners at national and regional levels to present the medical, social, and economic benefits of FP and advocate for increased FP/RH funding, and to push for positive change in the FP environment nationally.

III. Progress toward HWUP’s Program Goal

This section highlights the progress made in the past year towards HWUP’s goal of increasing contraceptive use and reducing abortions and unwanted pregnancies.

**Increasing contraceptive use:** Trends in contraceptive use are usually measured by the indicator Contraceptive Prevalence Rate (CPR). The last data on CPR was from the Multiple Indicator Cluster Survey (MICS) conducted in Ukraine in 2012. According to the MICS 2012 report, Ukraine’s CPR had remained largely stable over the previous five years (47.8% of women 15-49 years versus 47.5% as reported in the 2007 Demographic and Health Survey (DHS)). As the CPR is a population-based indicator usually measured every five years through a very costly and labor intensive process, the Program also uses two proxy indicators to measure annual trends in contraceptive use/prevalence: Registered Hormonal Contraceptive and IUD Users Rate and Couple Years of Protection (CYPs).

Analysis of Registered Users of Hormonal Contraception and IUD Rates in Calendar Year (CY) 2012-2013 (MOH statistics) shows a slight increase in the rate of hormonal contraceptive users nationally from 203 per 1,000 WRA in 2012 to 210 in 2013 (both rates a significant increase from the 148.6 users/1,000
WRA measured in 2005), while the rate of IUD users nationally stayed the same between 2012 and 2013 (see Figure 1). In HWUP-supported areas, rates of hormonal contraceptive users have also remained largely stable between years, though some areas have experienced encouraging increases in rates of users (e.g., Kherson, Kirovohrad, Luhansk). Rates of IUD users in HWUP-supported areas also remained generally stable between 2012 and 2013, though in many oblasts the rates decreased slightly.

**Figure 1: Registered Users of Hormonal Contraception and IUDs (Rate per 1,000 WRA), Ukraine and HWUP Oblasts, CY 2012-2013. (Source: MOH, Ukraine)**

**Couple years of protection (CYP):** Most Ukrainians purchase contraceptives from pharmacies and thus private-sector contraceptive sales data can provide valuable proxy information about trends in national contraceptive use. Private-sector data is donated to HWUP by Support in Market Development (SMD), a pharmacy research firm. HWUP consolidates SMD private sector sales data with government procurement data and calculates CYPs using a method specific conversion factor 2.

Recent data from the private sector shows that CYPs remained largely unchanged both at the national level and in 12 HWUP’s partner oblasts between PY2 (2012-2013) and PY3 (2013-2014). At the national level, CYP decreased by 0.9% from PY2 to PY3 (from 548,122 to 543,200) while in 12 HWUP’s partner oblasts the average CYP increased by 0.2% from PY2 to PY3 (from 203,507 to 203,553, see Figure 2).
Despite consistent CYP levels between PY2 and PY3, it is troubling that private-sector-based CYP in recent years lags behind levels recorded at program baseline and after PY1 (see Table 1)\(^2\). No public sector CYPs were recorded in the PY3 HWUP oblasts. Out of the 12 HWUP partner oblasts, Chernivtsi, Kherson, Sumy, Ternopil, Zakarpattya and Zhytomyr oblasts saw increases, while Chernihiv, Kirovohrad, Luhansk, Mykolaiv and Kyiv oblasts, and Kyiv city, saw decreases in CYPs. For POPs, IUDs and Mirena IUDs, and condoms contraceptive methods, 2014 showed an increase as compared to 2013, while the CYPs for COCs, Emergency Contraception (EC), Patch & Ring, injectables and Spermicides have decreased (see Table 1 below).

Table 1: Couple Years of Protection (CYP) by method in 12 HWUP-supported oblasts, for program years 1 - 3 (source: SMD data on Pharmacy Sales)

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<tr>
<td>COCs</td>
<td>64 303</td>
<td>67 221</td>
<td>64 650</td>
<td>57 130</td>
</tr>
<tr>
<td>POPs</td>
<td>117</td>
<td>286</td>
<td>475</td>
<td>566</td>
</tr>
<tr>
<td>ECs</td>
<td>7 564</td>
<td>7 482</td>
<td>6 497</td>
<td>5 869</td>
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<tr>
<td>Patch &amp; Ring</td>
<td>922</td>
<td>1 111</td>
<td>1 148</td>
<td>1 045</td>
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<tr>
<td>Injectable</td>
<td>793</td>
<td>1,104</td>
<td>954</td>
<td>871</td>
</tr>
<tr>
<td>IUDs</td>
<td>30 470</td>
<td>25 190</td>
<td>22 819</td>
<td>26 464</td>
</tr>
<tr>
<td>Mirena IUD</td>
<td>4 607</td>
<td>4 785</td>
<td>5 453</td>
<td>5 699</td>
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<tr>
<td>Spermicide</td>
<td>18 971</td>
<td>16 860</td>
<td>15 478</td>
<td>14 488</td>
</tr>
<tr>
<td>Condoms</td>
<td>93 107</td>
<td>102 751</td>
<td>86 037</td>
<td>91 422</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>220 854</strong></td>
<td><strong>226 788</strong></td>
<td><strong>203 507</strong></td>
<td><strong>203 553</strong></td>
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</table>

\(^1\) Reporting year for SMD data is from August, 1, 2013 to July, 30, 2014

\(^2\) CYP calculations for HWUP partner oblasts (presented in Table 1) are based only on SMD market analysis data for private sector/pharmacy sales and do not include public sector procurement and sales.
Reasons for declining private-sector-based CYP since 2010-2011 may include:

- Communication and promotional investments made by pharmaceutical companies focus almost exclusively on the most profitable products as demonstrated by increased sales and as a result CYPs for Mirena IUDs. The launching of innovative products is coupled with concentrating manufacturers and distributors efforts on the most profitable targets, i.e., middle and upper class women, and at the provider level, trusted doctors who are loyal to a company’s brands. Increased manufacturer attention on newer products and middle- and upper-class consumers may mean decreased marketing attention on other contraceptive products and/or other segments of the consumer base.

- According to SMD market analysis data that was presented in October-November 2013 during UNFPA/HWUP Round Tables in selected oblasts, prices for combined oral contraceptives (COCs) and other contraceptives have increased (e.g., average price of COCs per cycle in 2010 was $7.3 versus $9.4 in 2012) steadily over time. Such increases in contraceptive prices along with the worsening economic situation in the country may be negatively affecting people’s ability and motivation to purchase contraceptive products.

**Reducing abortions:** The HWUP team is encouraged by the continued decrease in the abortion rate, including a decline between 2012 and 2013 in Ukraine as a whole and in HWUP-supported oblasts according to MOH data. The national abortion rate fell from 12.4 per 1,000 women of reproductive age (WRA) in 2012 to 12.2 in 2013 in MOH health facilities (see Table 2). The rate also fell in a majority of HWUP partner oblasts, with the steepest drop observed in Kirovohrad oblast (9.6%), from 15.7 in 2012 to 14.2 in 2013. Two out of the three oblasts that received limited HWUP support during PY1-PY3 experienced stable abortion rates between 2012 and 2013, e.g., the abortion rate in Cherkassy oblast was 10.0 in 2013 compared to 9.9 in 2012; in Donetsk oblast it was 15.8 in both 2012 and 2013, and declines overall since 2010. Two HWUP partnering oblasts (Chernivtsi and Zhytomyr oblasts) showed some increase in their abortion rates, from 11.6 to 11.9 and from 14.4 to 14.7, respectively. Kyiv city also showed an increase in its abortion rate from 13.3 in 2012 to 13.7 in 2013 (note that in PY3 HWUP was unable to start its activities in Kyiv city as was initially planned due to unanticipated challenges and will swap Kyiv city for Poltava oblast in PY4).

Regarding longer-term trends, the national abortion rate has declined steadily between 2005 (when the JSI-implemented, USAID-funded Together for Health project began) and 2013. As shown in Table 2, the 2013 abortion rate was 12.2 abortions per 1,000 WRA, compared to 19.5 abortions/1,000 WRA in 2005.

**Table 2: Abortion Rate (per 1,000 WRA) and Abortion Ratio (per 1,000 live births) in 2010-2013**

(Source: MOH, Ukraine)

<table>
<thead>
<tr>
<th>Oblast</th>
<th>Abortion Rate</th>
<th>Abortion Ratio</th>
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<tbody>
<tr>
<td>Ukraine</td>
<td>13.9</td>
<td>13.5</td>
</tr>
<tr>
<td>Chernivtsi</td>
<td>12.3</td>
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</tr>
<tr>
<td>Chernihiv</td>
<td>16.2</td>
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<tr>
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<tr>
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</tr>
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<td>Kyiv city</td>
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<td>Luhansk</td>
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<td>11.7</td>
<td>10.8</td>
</tr>
<tr>
<td>Donetsk*</td>
<td>16.2</td>
<td>16.7</td>
</tr>
<tr>
<td>Khmelnytsky*</td>
<td>11.7</td>
<td>11.8</td>
</tr>
</tbody>
</table>

* limited HWUP support during PY1-PY3

From 2012 to 2013, the abortion ratio (in MOH health facilities) for the country as a whole increased slightly from 275.1 abortions per 1,000 live births in 2012 to 277.6 in 2013 (see Figure 3). Taking into consideration the slight decrease of abortion rate in Ukraine as a whole, such slight increase of abortion ratio can be explained by decline in a level of live births by 3.3% compared to 2012. The steepest decline in abortion ratio was in the same oblast with the steepest drop in abortion rate: Kirovohrad oblast - 6.9%. Kirovohrad oblast is the first oblast HWUP partnered with in PY1. Considering the pattern described above in conjunction with the knowledge that Ukraine’s fertility rate is stable in 2013 compared to 2012, we can hypothesize that HWUP's activities on FP/RH issues (e.g., increasing population’s awareness, improving healthcare providers’ knowledge and skills, supporting development of local-level regulatory documents adopted by GOU - according to HWUP Indicator #24), is affecting the quality of FP services and influencing changes in client and provider attitudes toward FP in partner oblasts. Together, this may be contributing to a decrease in the abortion rate and ratio.

**Figure 3: Abortion Ratio, Ukraine and HWUP Oblasts, CY 2012-2013 (Source: MOH, Ukraine)**

In terms of other related health outcomes, it is important to note that the rate of unintended pregnancies has decreased over time, from 14.7 pregnancies/1,000 WRA nationally in 2005 to 7.4 pregnancies/1,000 WRA nationally in 2013 (source: MOH HMIS). Meanwhile, Ukraine’s birth rate has simultaneously increased since 2005, from 9 births/1,000 people nationally to 11.4 births/1,000 people nationally in 2012. The increasing birth rate paired with an increasing contraceptive prevalence rate and decreasing abortion rate has been a key issue for the government of Ukraine, which has been concerned about preserving the country’s population size.
IV. Progress towards HWUP Objectives

Objective 1: Enable WRA and couples to make informed FP and RH choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual’s or couple’s life stage (communication/BCC)

The overall goal of this component is to create educated and informed health consumers who will have positive attitudes towards modern contraceptives and make modern contraceptive choices. Under this component, HWUP undertakes a broad range of activities, which address the demand side for FP/RH, while directly enhancing and supporting clinical and systems components (the supply side). Taken together, these two sides form a holistic approach to improving the RH of Ukrainian women and couples. (A scheme of HWUP communication/BCC activities presented in Annex 1).

1.1. Design, Implement and Evaluate National Communication Strategy

This year the HWUP team in partnership with GOU (Ministry of Health, Ministry of Social Policy), NGOs (Women’s Health and Family Planning Charitable Foundation (WH&FPF) and NGOs in partnering oblasts) and donor agencies (UNFPA) continued working on implementing the National Communication Strategy (NCS) and building the background for its sustainability in the future. Key activities during the year included continuing to ensure the functioning, maintenance, and monitoring of the FP/RH website (www.planA.org.ua) and hotline (0 800 50 27 57) and increasing the demand for these resources through NCS instruments (public service announcements (PSAs), events for population, information, education and communication (IEC) materials, work with mass media, etc.).

At the beginning of the year, a HWUP PSA created in Year 2 was submitted to the National Committee of Ukraine on TV and Radio to obtain “public service announcement” status. This status was received on November 7, 2013 after which distribution of the video started. During the year, the PSA was broadcast on oblast TV channels in partner oblasts, in marshrutkas, cinemas, fitness centers, outdoor plasma screens in central squares, etc. Parallel to video distribution, an outdoor advertising campaign was launched in partnering oblasts using images from the PSA. The most active phase of the campaign took place during FP week in September 2014. The Program partnered with the All-Ukrainian association of outdoor advertising (Association). HWUP successfully advocated for and agreed with the Association that HWUP’s advertisements would be placed for free (donated as part of the Association’s social responsibility activities). HWUP’s advertisements (posters, city-lights, big boards) were launched one day prior the start of national Family Planning Week (September 22-26, 2014) and in some locations, the city lights and posters are still in place.

During the last quarter of Year 3, a new FP-related PSA was developed targeting youth and their parents. The main message for youth regarding safe sex and protection from unwanted pregnancy. At the same time, the video appealed to parents to talk to their adolescents about family planning and reproductive health. Distribution of this PSA started during FP Week in September 2014. In addition, a new poster for youth and their parents was developed as a follow-up to the new PSA which will be distributed in PY4.

During PY3 there were 5,365 visits to the FP/RH website www.planA.org.ua (4,140 unique visitors). 15,600 pages were viewed during this year. 83% of the visitors were from Ukraine and there were also visitors from Russia, Belarus, and
Moldova. The majority of website visitors were from Kyiv city, Kirovohrad oblast, and Lviv oblasts. During the last two quarters of the year, HWUP observed an interesting trend that visitors started to return to the website (almost 24% of website visitors during the last two quarters of PY3 were returning visitors). This indicates that the website is becoming a reliable, trustworthy source of information not only for first time visitors but also for return visitors.

During the current reporting period, HWUP, in collaboration with WH&FPF, continued working on FP/RH hotline promotion and maintenance. Significant attention was placed during the year on hotline promotion, as well as on improving its operations standards with clear procedures, reporting systems and effective training for people who run the hotline. The effectiveness of HWUP’s work on this issue is shown by the level of hotline callers’ satisfaction – 82% of them confirmed that they were fully satisfied with the answers and information they received. Intensive collaboration with WH&FPF on hotline improvement and effective maintenance was ongoing during PY3 and will continue in PY4 in order to ensure the hotline’s sustainability after HWUP’s end.

In PY3, the total number of incoming calls increased three times compared to PY2 (1,267 calls in PY3 compared to 423 calls in PY2). Analyzing the gender distribution of respondents indicates that the majority of hotline clients during the year were women but there was also a slight increase in interest among men (from 4% in PY2 to 6% in PY3) and a larger increase in interest from couples (from practically 0% in PY2 to 9% in PY3).

Among the topics of incoming calls, contraception issues continue to be the most popular, with a steadily increasing interest amongst callers towards general information on FP/RH, health facilities where they can receive services on FP/RH, sexual life during the postpartum period, and risks of HIV/AIDS.

A more detailed report on hotline work during PY3 is presented in the Annex 2.

HWUP traditionally partnered with UNFPA to distribute the information about website and hotline. Due to this partnership billboards with hotline number and web site address were placed in Kyiv this year (with 100% financial support from UNFPA).
1.2. Support Oblasts in Developing their Regional Communication Strategies

This year HWUP worked with PY1 and PY2 oblasts (Kirovograd, Zhytomyr, Ternopil, Luhansk, Kherson, Sumy, Zakarpattya, and Kyiv oblasts) on implementation of their Regional Communication Strategies (RCSs). All regional strategies are in line with the national communication strategy, focused on four action packages, and adapted to local activities and communication channels. The strategies include local promotion of hotline and website through public awareness events and IEC materials; conducting trainings for and supporting journalists in having a positive attitude toward FP/RH; mass-media talk shows; interpersonal communication education sessions (IPC) targeting mainly youth and young adults. The regional communication strategies also include specific FP/RH service promotion activities with the “Future is Worth Planning” FP-friendly logo included in the PSA and distributed through oblast TV and radio stations.

While implementation of RCSs in oblasts proved to be effective, obtaining official endorsement by local government continues to be a challenge for HWUP and its partners. The main reasons for this is lack of “instruments and regulations” to endorse the strategies in oblasts, as approaches like the development of communication strategies is absolutely new for Ukraine), as well as the generally disrupted political situation in the country.

In order to equip local partners with messages and tools to advocate for strategies implementation and endorsement at local level, this year HWUP partnered with WH&FPF to conduct Communication and Public Speaking trainings for key regional speakers who participate in implementation of regional communication strategies and Family Planning week campaigns.

In addition, several successful initiatives have emerged in oblasts; almost all of them have showed effective cooperation between the governmental and non-governmental sectors in organizing public awareness raising campaigns on FP/RH. Facilitation of such cooperation is viewed by HWUP as one of the ways to sustain its activities beyond the Program.

During the reporting period, HWUP also supported partners in Chernivtsi, Chernihiv, and Mykolaiv oblasts in developing regional communication strategies. HWUP conducted meetings with stakeholders in each of these oblasts, presented the NCS, and discussed actions needed for the development of such strategies. HWUP also discussed with each of these oblasts possible ways to endorse the regional communication strategies. It is planned to endorse these strategies in PY4.

The participatory process of RCS development where oblast stakeholders clearly have ownership, as well as endorsement of the strategies by local administrations in respective oblasts, is a necessary precondition for RCS sustainability in the future.

1.3. Distribute Existing and Develop New Information, Education and Communication (IEC) Materials

A wide range of IEC materials (posters, brochures, flyers, tents, t-shirts, bracelets, mouse pads) were developed/revised and tailored for different audiences and distribution channels. HWUP printed and disseminated over 384,000 copies of IEC materials through health facilities and directly to the general population during outreach events organized by NGOs and interpersonal communication sessions. About 230,000 copies of materials were distributed at events organized by NGO grantees.

Traditionally, HWUP IEC materials are popular among target audiences, as
recipients consider them useful, easy to understand, and informative. One participant at an informational event in a library of Kirovohrad oblast mentioned “I like that brochure about methods of contraception contains information about all available methods. I even did not know that so many options exist. I read the brochure with interest and will definitely use information for myself”.

In addition to distribution of existing materials and following the requests of Eastern regions’ partners, during the year HWUP developed and distributed in the regions a Russian version of the Thiart compliant brochure “Planned choice”.

Analysis of hotline calls show that HWUP IEC materials (especially poster and flyers for youth with website and hotline contact information) continue to be among the most effective tools of information distribution about NCS instruments. Therefore this year WH&FPF developed and distributed through HWUP partners in oblasts new promotional materials for website and hotline: a brochure entitled “What youth would like to know about reproductive health” and a calendar for women.

1.4. Develop and Disseminate FP Messages

Important steps for the review and development of FP messages were taken during the development of the NCS in Year 1 and Year 2. Therefore during this year HWUP concentrated its efforts on distribution of the messages through educational sessions, work with mass media, and informational events in all partnering oblasts.

HWUP trained 48 new BCC educators in Chernivtsi, Mykolaiv, Chernihiv oblasts and the city of Kyiv. These trained educators joined the team of 94 BCC educators from Kirovograd, Ternopil, Zhytomyr, Sumy, Luhansk, Kherson, Zakarpattya and Kyiv oblasts trained in PY1 and PY2. All together the BCC educators conducted 1,156 educational sessions for 21,961 youth and women and men of reproductive age in their respective oblasts. Around 31% participants of the educational sessions were men.

In order to measure the impact of BCC sessions, as well as use of NCS instruments by participants of Program’s activities, this year HWUP continued evaluation of the sessions by administering questionnaires to participants. 262 randomly selected sessions in twelve partnering oblasts were evaluated, 5,165 participants filled in the questionnaires.

During such evaluations, participants confirmed that sessions fully met their expectations, gave sessions high scores (9-10 of 10 possible), and said that they plan to use received information in the future. Participants also said that the most important topics for them were family planning, modern methods of contraception, sexuality, factors that affect RH, and facts and myths about contraception. Youth participants answered that they prefer to discuss received information with friends and look for more

3 Despite the fact that HWUP was unsuccessful in establishing collaboration with Kyiv City Administration, in PY3 the Program started collaboration with one NGO from Kyiv city, which was selected and awarded within the HWUP small-grants program. Therefore, several informational and educational activities for general population were organized during the PY3 in Kyiv City. These activities are reported in respective chapters of the Annual report.
information on Internet, while a majority of adults said they plan to visit a doctor, discuss new information with their partner, and start using contraceptives. Educational sessions continue to be a powerful tool in changing attitudes towards FP and complement well other activities being implemented within the communication strategy. Sessions are also a good way to promote HWUP informational resources.

Some quotes of session participants are presented below:

**Aleksey, 18 years old, student, Slavutych town, Kyiv oblast:** “I did not think before that reproductive health is from one side so complex and from another – so fragile. And if you break it like we did with the clip during the exercise you will not be able to return everything back”.

**Tatiana, 34 years old, social worker, Kirovohrad city:** “As a social worker I am communicating with different groups in community and I often see the results of inappropriate sexual behaviour among representatives of these groups, especially marginalized ones. They should know more about family planning and reproductive health and due to participation in the training I am able to deliver this information to them”.

**Olga, 39 years old, teacher, Sumy:** “After participation in the session I think it is very important for parents to talk to their children about family planning and reproductive health”.

Building on experience from PY1 and PY2, and of cooperation with UNFPA, HWUP worked to strengthen the capacity of mass-media representatives to change social norms related to FP/RH, combat prevalent misperceptions and increase awareness on modern FP methods. HWUP jointly with UNFPA, conducted two trainings for journalists this year.

At the beginning of the year a workshop “Building partnerships for enhancing access to quality family planning services and sustainable access to contraception,” was conducted to all NGOs-grantees and journalists from HWUP partnering oblasts. Participants discussed possible strategies for enhancing access to family planning services, best practices, and experiences at the local level. Over the course of the workshop journalists received advanced information on FP/RH issues, the importance and benefits of family planning, as well as practical advice from experts (HWUP trainers, staff, demography and media experts) on how to write about FP/RH.

Another training for journalists took place in Zhytomyr and in addition to information on FP/RH it included a press tour to a FP center and press-conference. Deputy Mayor of Zhytomyr city and HWUP partner NGO working with people with disabilities “Youth. Woman. Family” also participated in the press-conference. One of the topics of the press-conference was access to FP services for people with disabilities. The NGO presented results of health facilities’ accessibility audit, as well as survey conducted among health providers and clients on availability of FP services for women with disabilities.

Press-conference during the training on FP/RH for journalists
Picture: press-service of Zhytomyr city administration
Participants of both trainings joined the team of journalists - FP champions in their oblasts and started to write on FP/RH. To date, 79 new articles on FP/RH have been published in printed media, 2,357 TV spots/programs, 203 radio spots/programs, and 1,472 internet publications have been developed in eleven oblasts by HWUP partners.

This year HWUP also continued collaboration with the “Tobi” magazine to encourage celebrities to speak about the importance of FP/RH. Based on feedback from oblasts’ partners the magazine is very popular among youth, especially young girls.

This year HWUP also continued reaching out to youth through its resources in social media – “VKontakte” and Facebook. In addition to existing groups a new group was created in Facebook by HWUP partner NGO. The members of the group discuss FP/RH of people with disabilities.

As part of regional communication strategies, HWUP and its partners organized 742 informational events for approximately 180,000 participants. Additionally, 1,090 events attended by approximately 60,594 people were organized by oblasts with their own funding. It is worth mentioning that this is five times bigger number of events and three times bigger number of people reached than in PY2. This statistics is a very appealing indicator of sustainability of HWUP interventions.

### 1.5. Partner with NGO Community to Build Their Capacity in FP Communication and Advocacy

Similarly to the previous years and according to the cooperative agreement, this activity was implemented through two streams: 1) a small grants program and capacity building for NGOs in the eight oblasts, and 2) technical and capacity building for WH&FPF to help the organization become the leader in FP/RH communication and education after expiration of USAID funding.

In total, during the PY3 HWUP awarded 13 local NGOs in all partnering oblasts: four NGOs were awarded in oblasts that joint the Program in PY3 and nine small-grants were provided to NGOs in PY1 and PY2 oblasts. These NGOs’ projects complement HWUP’s communication activities in partnering oblasts and are in line with NCS. The NGOs played an important role in developing and implementing regional communication strategies and in reaching out to populations in their respective oblasts.

Among the examples of successful NGO activities the important place takes the initiative of “Parytet” NGO from Zhytomyr. This NGO has developed a special course on FP issues and managed to include it into curriculum of faculties of social work, education, and psychology at Zhytomyr National University. Prior including the course into the curriculum, “Parytet” conducted an informational campaign on FP/RH issues at University in order to attract student’s attention to the topic and increase interest to the course. As a result the course not only became popular among the students, but also 24 new volunteers joined NGO and volunteered during a number of informational events on FP/RH for population in Zhytomyr city and oblast.
“Club” used this experience and also promoted integration of the course on FP/RH into the training curriculum of Kirovohrad Pedagogical University.

Due to cooperation with the Bibliomist Project, the HWUP grantee - “Center for Public Initiatives” NGO in Zakarpattya oblast, organized and implemented an innovative approach of FP/RH information dissemination through counseling points in libraries/community internet centers in remote regions of their oblast.

It is important to highlight that NGOs’ work has received high recognition and support in communities and, therefore, activities/benefits often extend beyond grantees’ scope of work within the HWUP grants. For example, the informational campaign on FP/RH “Wave of health” organized by the NGO “Informational-training center of civic initiatives” from Kyiv oblast was presented in January at inter-sectoral coordination meeting of the Rayon State Administration of Pereyasliv-Khmelnitsky rayon of Kyiv oblast. As a result, the Rayon Administration agreed to conduct the same campaign “Wave of health” jointly with the NGO in three more towns (Rogoziv, Myrne, Prystomy) in February-March; 570 people (400 women and 170 men) participated in these events.

Due to cooperation with Oblast Center of Social Services for Family, Children and Youth the Kherson NGO “Successful woman” reached out women of reproductive age and men in more than 60 towns, cities and villages of Kherson oblast. In addition to informational events for population, a series of webinars on FP/RH issues with participation of health providers were organized for the Centers’ staff who work with population at rayon level.

All together 713 informational events on FP/RH issues were organized by NGOs-grantees, which makes 96% of the total number of events organized within the HWUP during PY3. More than 112,000 people participated in these events (60% of all participants of HWUP events for population).

In order to ensure partner NGOs’ sustainability in the future, HWUP conducted a series of capacity building activities for its grantees. Training on project management, reporting, and compliance with USAID regulations on FP was conducted for new grantees. In addition, HWUP worked with PY1 and PY2 grantees providing technical assistance in implementation of their organizational development plans created in PY2.

HWUP’s capacity building efforts this year also focused on strengthening technical and organizational development of WH&FPF. HWUP provided assistance to the Foundation in implementation of Organizational and BCC capacity building plans. Serious attention was paid to M&E component of the Foundation’s work. Under the HWUP guidance and technical assistance, WH&FPF finalised their Monitoring and Evaluation Manual. During the year HWUP worked with WH&FPF on finalizing data quality assurance tools and procedures and linking them with their management information system. This new tool will provide the WH&FPF with quick access to information on Foundation projects (events conducted, number of people trained, NGOs and partners contacts database, documents developed, etc.). Monitoring of WH&FPF LCB plan implementation shows that by September 2014 all planned activities were successfully completed and there is a need to evaluate the implementation of both plans and develop a new one for the next 2-3 years.
1.6. **Collaborate with Private Sector, Including Pharmaceutical Companies to Increase the Effective Use of Modern Contraception and Educate Customers**

During the first quarter of PY3, HWUP successfully continued cooperation with Bayer HealthCare (BHC) for reaching youth with BCC education sessions. Joint trainings for youth were extended to all eight HWUP oblasts that joined the program during PY1 and PY2. HWUP reached 1,127 people in 54 educational sessions that were conducted with Bayer’s support. During the first quarter, Bayer also continued providing financial support to educational sessions for women of reproductive age in 12 former-TfH oblasts. The sessions were conducted by BCC educators, who were trained under the TfH project. 42 educational sessions for 877 participants were conducted in these oblasts.

Unfortunately, starting from January 2014 (quarter 2), HWUP cooperation with BHC was put on hold due to the political and economic crisis in the country. In order to renew the collaboration, HWUP met with Bayer Healthcare representatives several times during the year, but all the attempts to date have been unsuccessful. Hopefully this collaboration will be re-started in PY4.

1.7. **Improve FP/RH Communication for Youth**

Major efforts in this area were focused on advocacy for official endorsement and institutionalization of “Grow Healthy” training curriculum for school teachers.

Finally, the Ministry of Education and Science of Ukraine approved the training curriculum for teachers within the “Grow Healthy” program on April 22, 2014. This enabled HWUP and its partners – UNFPA and “Peer to Peer” Association to start trainings “Theory and practice of sexual education of teenagers” for both teachers in Institutes of postgraduate education and secondary school teachers coming to these Institutes for re-training.

The first training was conducted for teachers from Zakarpattya, Ternopil and Chernivtsi oblasts in September 2014. Such trainings and institutionalization of the course through the Ministry of Education of Ukraine will significantly promote sustainability of HWUP initiatives. It will also support HWUP strategies for enabling youth to make informed FP choices, by providing them with access to evidence-based information on contraceptive methods.

In addition, this year WH&FPF continued work on the “7 Steps” Program that the Foundation launched in 2012 with the support from Flemish government. Training methodology and moderator’s guide was finalized and produced for further dissemination among NGOs, parents and health educators. Materials include CD with presentations and exercises for parents, booklets for parents, sexual education advocacy publications.
Objective 2: Improve FP service provider knowledge of modern FP methods, clinical and counseling skills in order to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones (clinical component)

2.1. Review and update the existing in-service training curricula for FP service providers to ensure full compliance with FP standards and incorporate the “Life Stage Approach”

During Project Years 1 and 2, basic FP/RH in-service training materials were reviewed and updated. This included the reference manual and curriculum for a 5-day clinical course, as well as the “Life stage approach to contraception in postpartum and post-abortion (PP/PA) periods” reference manual and training curricula. The review and update was done in line with the Life Stage Approach (LSA) piloted by HWUP, using the latest evidence, international practice/experience and feedback from national and oblast trainers. HWUP as a project has consistently monitored new international evidence and practices relating to FP/RH through the life of the project. During this current year, no specific new World Health Organization (WHO) recommendations, international articles, or practices were identified that could be used to update HWUP training materials.

Overall, 1,500 copies of the reference manual and training curricula were printed and distributed to partner oblasts.

2.2. Implement Capacity Building Activities that Bring FP Services in Ukraine to International Standards

Adjust Training of Trainers (TOT) Module and Prepare Master Trainers

The primary capacity building focus during Year 3 was made on training teams of local trainers in three oblasts that joined the Program in PY3: Chernivtsi, Mykolaiv and Chernihiv. The main role of such teams in the future is to disseminate FP/RH information in the oblasts, raise health care providers’ awareness on modern methods of contraception and promote an understanding of the importance of FP/RH issues among health professionals. HWUP, jointly with Oblast Health Departments (OHDs) and Oblast FP Centers, has selected potential trainers from a pool of health professionals. These selections were based on professionals who had experience working with an audience, who wanted to be trainers and those who are the most motivated/willing providers to learn new approaches and teach others. In each oblast, selected healthcare providers participated in a basic five-day FP/RH training course followed by a 2-day TOT course. During each five-day FP/RH training in the respective oblast, 12 future oblast trainers were identified among the participants and invited to a 2-day TOT.

At the beginning of both trainings, interactive teaching methodologies were sometimes cautiously received by trainees. However, with time, trainees understood that this approach enabled trainers to involve all participants in the discussion using role plays and brainstorming to express their thoughts and impressions. As stated by Muhina Olena, an ob-gyn working in Mykolaiv Oblast FP Center, "Finally I enjoyed everything, but at the beginning I was irritated by the continuing repetition of the information and constant involvement of participants as we came here to hear from trainers. By the end of the training, I came to understanding that it was necessary and in fact it works efficiently”.

It is important to note that all TOT participants lacked previous trainer’s experience and were initially hesitant to participate in the TOT. During the TOT, participants
learned methods and techniques for teaching adults, different methods and approaches to trainers’ work and were able to asked questions (e.g., how to involve “inactive” but “respectable” participants; how to interact with groups of trainees with different levels of knowledge, etc.). After the TOT, the majority of participants expressed their interest to be trainers and to use the knowledge and skills gained in the future. At almost all trainings, a special interest was shown by young health providers who did not have significant experience in practical work. Many of these young health professionals were very enthusiastic to learn, develop training skillsets and have the opportunity to change the professional environment around themselves.

In total, 36 master-trainers were trained in PY3 oblasts. TOTs are an important part of HWUP’s sustainability efforts given that the oblasts will continue to use these trainers for their FP/RH medical education initiatives.

### FP/RH Master Trainers in HWUP Year 3 Oblasts

<table>
<thead>
<tr>
<th>Oblasts</th>
<th>No. of Trainings</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chernivtsi</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Mykolaiv</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Chernihiv</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>36</td>
</tr>
</tbody>
</table>

“Young” trainers served along national master trainers as ‘co-trainers’, gaining expertise in the subject matter and the ability apply modern, participatory, competency-based training techniques during the first basic FP/RH training courses. This peer-to-peer support among trainers was very effective in the development of a highly competent cadre of oblast master trainers. This cadre will sustain the ability to deliver quality FP/RH training courses and Continuing Medical Education (CME) events into the future and following the completion of HWUP.

Finally, HWUP has trained local teams of trainers in each partnering oblast. In total, 141 master-trainers have been trained during the Program lifespan. These trainers are currently conducting trainings and CME activities by themselves in the oblasts where they work. They do not have direct support from more experienced trainers. Taking into account that trainers can face problems/difficulties while preparing for, during or after training (e.g., difficulties with interactive communication, management of group discussion, answering participants’ questions; need for additional information or evidence regarding one or another method of contraception; etc.), and following requests, HWUP organized master-training for 30 local trainers from HWUP partnering oblasts. Master-training has helped trainers to improve their knowledge and skills as clinical trainers, provided additional information and recommendations on both FP/RH issues and methodology, provided an opportunity to discuss and exchange experiences/impressions with other trainers and finally to work through issues and questions with national experts/trainers. After these master trainings, local trainers have shown more confidence in dealing with unusual situations that may arise and other issues faced. These master-trainings have strengthened trainer capacity and will ensure the continued FP education for health professionals through CME after HWUP’s end.

### Roll Out Contraceptive Technology Trainings

In accordance with the Year 3 work plan, HWUP has continued providing in-service training activities in all partnering oblasts to emphasize the importance of using FP methods to avoid abortions and unintended pregnancies.
The “Life Stage Approach” was the cornerstone of the course, helping providers to understand the contraception needs at every stage of a couple’s life, as well as focusing FP counseling to be specific to the reproductive plans of women. Training participants showed great interest and willingness to receive modern knowledge and concepts on family planning. The Life Stage Approach was received very positively. Feedback provided by participants showed the significance of this approach in FP, as well as the importance of discussing contraception with patients of different ages, by taking into account their needs and saving the time health providers spent on counseling.

As usual, all trainings during PY3 were conducted for multidisciplinary groups: family doctors and mid-level medical personnel were invited for the training jointly with ob-gyns. This mixed-participant approach creates a positive environment for establishing good relationships between healthcare providers. This is essential if they are to continue collaboration in the future. HWUP’s approach – training a multidisciplinary group of providers – allowed the strengthening of the relationship between health care providers and patients, and establishing strong patient referral system among health professionals of various disciplines. Training sites were carefully selected in order to involve trainees from as many ‘rayons’ (regions) as possible in each oblast. While preparing for the training, the venue was chosen according to the “cluster” principle (convenient location for 2-3 neighboring rayons) and the number of health care providers to be trained there. Head physicians of the health facilities where trainings were conducted participated in all training openings and in awards/closing ceremonies. For example, in the city of Monasteryrsk, (Ternopil oblast), Mr. Aleksey Staruk, city mayor, joined the training with the Head Physician and local mass media representatives. Information about this training was widely published in the social networks and local press.

During Year 3, 56 five-day clinical trainings were conducted for 1329 participants from 11 partnering oblasts. Sometimes, the number of persons interested in participating in trainings exceeded the actual training capacity. Detailed information on trainings’ location and participants is shown in the table below.

Five-day clinical trainings in HWUP partner oblasts during the reporting quarter

<table>
<thead>
<tr>
<th>HWUP partner oblasts</th>
<th>Number of trainings</th>
<th>Number of participants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Ob-Gyns</td>
</tr>
<tr>
<td>Chernivtsi</td>
<td>4</td>
<td>88</td>
<td>43</td>
</tr>
<tr>
<td>Chernihiv</td>
<td>4</td>
<td>95</td>
<td>38</td>
</tr>
<tr>
<td>Kherson</td>
<td>6</td>
<td>143</td>
<td>28</td>
</tr>
<tr>
<td>Kirovohrad</td>
<td>5</td>
<td>122</td>
<td>19</td>
</tr>
<tr>
<td>Kyiv oblast</td>
<td>6</td>
<td>138</td>
<td>43</td>
</tr>
<tr>
<td>Luhansk</td>
<td>4</td>
<td>97</td>
<td>41</td>
</tr>
<tr>
<td>Mykolaiv</td>
<td>4</td>
<td>92</td>
<td>36</td>
</tr>
<tr>
<td>Sumy</td>
<td>7</td>
<td>173</td>
<td>48</td>
</tr>
<tr>
<td>Ternopil</td>
<td>5</td>
<td>118</td>
<td>23</td>
</tr>
<tr>
<td>Zakarpattya</td>
<td>6</td>
<td>138</td>
<td>52</td>
</tr>
<tr>
<td>Zhytomyr</td>
<td>5</td>
<td>125</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>1,329</strong></td>
<td><strong>389</strong></td>
</tr>
</tbody>
</table>
During the trainings, participants gained essential knowledge and learned best practices for interacting with clients. Participants’ attitude to FP/RH counseling changed significantly during the course of the trainings. On the first day of training, an overwhelming majority did not see themselves as FP/RH counselors (“It is not my function as a doctor,” “I have no time to do this work,” etc.). By the third day, this attitude changed and they began to understand the importance of counseling. After being trained, participants indicated a willingness to work at their workplaces in accordance to the highest standards of counseling. As stated by the trainees, they understood the importance of family planning and counseling skills, and were motivated to use the knowledge and skills they gained in their routine practice. A family doctor Antonina from the Andrushivka rayon (Zhytomyr oblast) noted, “Now when talking to a woman, I understand that as a family doctor I have to ask her not only about her complaints, but also to discuss other things including what she does to prevent an unintended pregnancy, as well as to provide her with all necessary information. And, I’m confident that the communication in FP issues fosters growing trust and respect towards me as a health professional.” Improvements in health workers’ knowledge after clinical training are evidenced by increases in the average post-test score (56% average) relative to the average pre-test score (96%) across all 5-day trainings conducted. Average pre- and post-test scores for individual oblasts are shown in the graph below:

![Graph showing pre- and post-test scores for different oblasts.](image)

Participants also gave positive feedback on interactive teaching techniques (case-study reviews and role plays), teaching in multi-disciplinary groups and trainings on “how to talk correctly with a client”. As stated by trainees, they understood the importance of knowledge and skills gained during the training and were motivated to use them in their routine practice. Participants also said that all family doctors and mid-level personnel should be the first-line healthcare providers to participate in trainings on counseling. It was often noted that in order to be able to provide high-quality FP counseling services to the population, trainings like this should be mandatory. Some further trainee feedback is presented below:

**Feedback from Training Participants**

“Thank you for the training. Unachievable became achievable! I look at myself differently. I cannot realize how I could understand and learn everything in FP in a few days”

Dr. Andriy, Ob-Gyn, Chortkiv, Ternopil oblast
In summary, the trainings expanded the network of FP services providers and increased the number of service delivery points where clients can receive FP services in all partnering oblasts from 172 to 646.

**Conduct follow-up training and supervision**

In Year 3, HWUP worked to develop a system of continuous quality improvement and implement it in all partnering oblasts. HWUP and national experts focused on developing a follow-up system to evaluate knowledge of healthcare providers trained in HWUP clinical trainings and to identify existing gaps. These identified gaps are then addressed through reinforcement trainings which will improve FP/RH services (HWUP vision of FP/RH quality improvement system shown in Annex 3). The decision to develop a follow-up system was made after a detailed investigation of possibilities to develop a supportive supervision system, including the initial plan to use mentoring visits to trained health providers. The decision to move toward a follow-up system rather than a supportive supervision system was made based on the fact that general supervision systems do not exist in Ukraine, and so it would be illogical to develop such a system for FP/RH without any possibility of incorporating it into the routine governmental system. Instead, HWUP developed a follow-up system, which is designed to be cost effective, easy to use, and will be sufficient for collection of information needed to identify gaps in healthcare providers’ knowledge and skills. Importantly, the follow-up system can easily be used by oblasts after the Program’s end, which increases the likelihood that the practice will continue into the future.

First, a questionnaire for post-training follow-up was developed. The questionnaire determined: 1) If training participants use the information and skills they learned in their daily practice and what, if any, are the barriers to doing so; 2) If gaps in their knowledge of FP/RH issues remain; and 3) If additional trainings are needed. After that, HWUP organized pre-testing of the follow-up system through interviews with 50 selected health care providers in Kirovohrad and Zhytomyr oblasts. Key objectives of the pre-test included: 1) Piloting of tools to identify potential ambiguity of questions/answers; and 2) Piloting of phone versus face-to-face interview methods. Interviews were performed using two different methodologies in order to compare their effectiveness and affordability. In Zhytomyr oblast, the interviews were performed through “phone interviews” with 27 trained healthcare providers but in Kirovohrad oblast they were performed through visits and “face-to-face interviews” with 23 trained healthcare providers. “Phone interviews” showed their simplicity and cost-effectiveness compared to “face-to-face interviews”. They also resulted in high quality data received and are recommended as the best option moving forward. The major reasons for this decision are: A) The database of phone numbers for the target audience is available (almost 100% of phone numbers); B) The duration of the interview does not exceed 10 min; C) No additional costs are required for the trip; D) All questions contained in the
tool can be adapted for the phone interviews - tool does not contain questions that require the use of additional visual materials (cards, photos, etc.); E) All questions in the tool are drafted in compact wording which should not cause any difficulties with understanding/interpretation during the phone interview. Based on the pre-testing results, HWUP finalized the follow-up system tools.

The final version of the system was presented to local trainers from all partnering oblasts in September 2013 and local trainers were trained on how to use the system.

In PY4, HWUP plans to develop and conduct 1-2 day reinforcement trainings on selected FP/RH topics, based on the findings of the follow-up system’ implementation, including topics that are most relevant for healthcare providers of each concrete oblast and which require more detailed discussions. During PY4, HWUP also plans to transfer the follow-up system and reinforcement trainings to OHDs and Oblast FP Centers in all partnering oblasts. HWUP expects that they will begin to use them on their own as an effective tool to identify and respond to healthcare provider’s needs in knowledge and skills, even beyond the Program’s end.

Give More Attention to the New Methods through Various Training Activities

In addition to FP/RH basic clinical trainings, a number of educational activities aimed to disseminate updated evidence-based FP/RH information to health care providers were conducted in all HWUP oblasts. These activities included conferences, round-tables, seminars, workshop-type exchange of practical FP service provision experiences and others. These educational activities were oblast–driven initiatives organized by the OHDs and conducted by local trainers. Organizing these events, OHDs were responsible for the invitation of participants, provision of event locations and the transportation of participants. HWUP responsibilities included provision of training materials (manuals and job aids) to participants and the covering of trainers’ fees.

These activities were a wonderful way to impart knowledge on modern methods of contraception to those who had not been trained at the HWUP basic trainings. For those who participated in the 5-day trainings, these were opportunities to refresh knowledge and ask questions that arose after the trainings. This is especially relevant under the restructuring of the health care system and for family doctors who are learning about FP for the first time. These activities helped to increase the number of providers knowledgeable in FP issues and contraception, and contributed to the integration of FP services into the daily work of family doctors and mid-level personnel.

Promoting Modern Methods of Contraception: Oblast-Own Educational Initiatives for Health Professionals

- 45 scientific-practical conferences entitled “Modern FP methods”, “Hormonal methods of contraception”, “Contraception according to LSA”
- 271 seminars and round-tables on counseling and contraceptives methods
- Total 8,969 health professionals (OB/GYNs, FDs, and midwives) were involved in 316 CME

In addition to the mentioned above activities undertaken in the oblasts, other forms of FP education have also been implemented. For example, Dr. Natalia Ushakova, Head of Kherson Oblast FP Center, extensively uses HWUP training materials for 1-day seminars during her regular rayon visits in the oblast. These pre-scheduled monthly visits of the Oblast FP Center’ representatives always include sessions for healthcare providers on modern contraception counseling.
During Year 3, HWUP continued collaboration with Family Medicine Training Center at Bohomolets Medical University. This collaboration aims to build the Center’s capacity to train family doctors from all over Ukraine. In PY3, the Center included several thematic FP/RH training courses, which were developed with HWUP support and based on HWUP training materials. Starting from September 2014, such training courses became regular courses offered by the Center. In Year 3, the Center conducted three trainings on “Modern Aspects of Family Planning” for 76 family doctors from all-over Ukraine. These initial trainings were conducted jointly by trained Center’s teachers and HWUP clinical trainers to empower the Center’s trainers team. Upon completion of the courses, participants noted that “interactive methods of education are much more effective than previously provided lectures and can significantly increase the efficiency of trainings for family doctors.” They noted that they should “obviously be widely used”. HWUP also provided support to the Center in developing methodological recommendations; “Introduction of modern family planning methods into primary healthcare facilities” which was approved by the MOH. In Year 4, this document will be disseminated to all trainees by the Center during FP/RH courses as a reference material to be used after training. The methodological recommendations will serve as a reliable aid in the daily work of every family doctor who participated in these courses. This is a good example of the institutionalization of evidence-based FP/RH approaches in postgraduate medical education, as well as the sustainability of HWUP’s clinical training activities.

Conduct Post-Partum and Post-Abortion Care Training

In-service training is crucial for increasing providers’ knowledge and skills in Post-Partum and Post-Abortion (PP/PA) contraception and in the creation of a medical environment favorable for quality FP service provision in maternity hospitals and gynecological departments. “Contraception in postpartum and post-abortion periods” is a three day course that aims to expand the knowledge and skills of health professionals on modern choices for women and couples for postpartum and post-abortion family planning. It covers the particularities of counseling and contraceptive choice in postpartum and post-abortion periods, the use of LSA (especially in postpartum and post-abortion periods) and contraception for special populations like adolescents, women with extra-genital pathologies and those living with HIV. The course places a strong emphasis on counseling, so as to move providers away from the “old model” of recommending a method to clients, and to help them begin to support clients in making their own voluntary and informed choices about contraception. In Year 3, seven 3-day PP/PA trainings were conducted for 144 ob-gyns, midwives, and obstetric departments’ staff from third-level Regional Perinatal Centers. The trainings focused not only on contraception in postpartum and post-abortion periods, but also on safe spacing between pregnancies and methods of contraception that can protect women from unintended pregnancy after delivery or abortion. All trainings were highly rated by trainees and all topics were noted as highly important and of great interest. The interactive training approach resulted in high levels of participation from almost every participant, as interactive teaching methodology was a new model of teaching that attracted participants’ interest. All trainees were thankful for the opportunity to update their knowledge on postpartum contraception and for the manuals and job-aids they received. During PP/PA trainings, trainers highlighted the fact that in Ukraine in 2013, there were 495,000 births. This means that almost half a million women make up a guaranteed audience who should be consulted regarding postpartum FP. HWUP expects that the increased knowledge of healthcare providers will improve FP services at least in perinatal centers and maternities where they work.
Promote a Partnership With the Pharmaceutical Industry, in Particular, the Leaders in FP Production

During Year 3, HWUP continued facilitating cooperation between PSPs (Bayer HealthCare (BHC) and Richter Gedeon) and OHDs in organizing continuing medical education activities for healthcare providers. Bayer HealthCare and Richter-Gedeon supported 99 conferences/seminars/round tables on FP/RH issues in all HWUP oblasts from those total 316 CME activities described above. These CME activities were focused on the following topics: modern aspects of family planning, modern methods of contraception, FP as part of reproductive health care and modern hormonal contraception. While organizing these events, OHDs were responsible for invitation and transportation of participants; PSPs provided coffee breaks for participants and covered trainers’ fees; and HWUP provided training materials (manuals and job aids) to participants. Event venues were provided either by OHDs or by PSPs. In total, 2,973 health care providers attended CME activities organized with PSPs support. HWUP believes that this collaboration between governmental agencies and the private sector will be continued after the Program’s end.

Support Development of the Pre-Service Medical Education Curricula

HWUP designed this intervention to assure the sustainability of its programmatic efforts. In-service trainings require financial and managerial resources, which are often scarce in the public system. For this reason, and to give FP its due importance, medical education should include modern knowledge on contraceptive technology.

In Year 3 HWUP continued revision of existing FP/RH pre-service curriculum for medical universities of Ukraine, targeting both undergraduate and internship programs preparing ob-gyns and family doctors. Taking into account the difference in formats and requirements to the curriculum for medical students versus curricula for interns in ob-gyn and in family medicine, separate working groups have been created for the revision of each of these curricula and include representatives of MOH and leading medical universities. Represented are the Kharkiv Medical Academy of Postgraduate Education, NMAPE, Odesa, Lviv and Donetsk Medical Universities and others. The HWUP supported meetings of these three separate working groups have developed three new curricula: 1) for medical students; 2) for interns in ob-gyn; and 3) for interns in family medicine.

The efforts of these Working Groups have also led to two main achievements:

1) A new educational curriculum for interns in ob-gyn was revised and then approved by the MOH. In the new curriculum, the format of post-graduate education was changed. Ordinary lectures were replaced by interactive and more practical sessions and the duration of classes on family planning issues was doubled (time for FP issues in the new curriculum increased from 34 to 68 hours). Currently it includes a separate family planning module (36 hours), which is based on HWUP’s 5-day clinical FP/RH training course. The new generation of doctors will be able to gain evidence-based knowledge and improve their skills on family planning and reproductive health on an on-going basis.

2) A new educational curriculum for medical students was developed in accordance with European Credit Transfer System (ECTS) and international best practices and approaches. The format of
education (lecture, seminar, or practical session) as well as timing required for specific topics was determined. The “old” curriculum’ content was revised and several topics were added (counseling; emergency contraception; Life Stage Approach; WHO medical eligibility criteria). The time for teaching students on FP issues was increased by 66% - from 12 to 20 hours. This revised curriculum will enable students to gain necessary knowledge and skills on family planning as opposed to the current one which does not include enough time to learn FP issues and does not cover modern approaches in FP. The new curriculum has been finalized and submitted to the MOH for approval.

HWUP also has continued the revision of the FP curriculum for interns in family medicine (evaluation list of practical skills obtained during the course still needs to be developed, as well as the list of mandatory curriculum topics). HWUP plans to finalize the revision of this curriculum and submit it to the MOH for approval during PY4. It is expected that it will be approved by the MOH prior to the end of PY4. This is one of the Program’s priorities. These three curricula described above are crucial for institutionalizing FP/RH education. Furthermore, they will be instrumental in preparing the new generation of FP/RH providers to have and use relevant evidence-based knowledge and counseling skills – an important element that is currently not being appropriately taught at Ukrainian medical universities. HWUP believes these new curricula will represent a major achievement in the Ukrainian medical education system and expect them to be a cornerstone of HWUP’s sustainability.

**Objective 3: Promote a National and Regional Policy Environment Conducive to Family Planning and Reproductive Health**

3.1. Maintain an ongoing dialogue with the GOU’ counterparts at national (MOH, MOSP, MOE) and regional levels in order to advocate for needed policy changes, including changes of FP curricula in pre-service medical education, and to motivate policy makers towards increased financial support for contraceptives and services.

Through regular meeting, HWUP continued to keep FP policy a priority with GOU counterparts. This dialogue and cooperation was maintained both at national level with MOH and at the local level with Oblast State Administrations and other responsible institutions. Formal Partnership Agreements (PA) were signed with the Oblast State Administrations in three new oblasts: Chernivtsi, Mykolaiv and Chernihiv oblasts. Each PA outlines responsibilities of oblast partners and sets the basis for better institutionalization of the Program’s work at local level.

Agreements had been developed with a view of formal

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4 In PY3, the HWUP Cooperative Agreement was modified by USAID/Ukraine in order to bring Objective 3 fully in line with current realities and needs on the ground, with current Government of Ukraine (GOU) and USAID priorities, and with a stronger focus on sustainability than the previous Objective. Specifically, the “mandatory advocacy activities” under the original Objective 3 were modified. The changes were done mostly by combining previously-approved mandatory activities rather than changing them. As a result, the new Objective 3 includes five mandatory advocacy activities instead of the previous nine activities. In this report, HWUP reports according to the newly approved list of mandatory activities.
confirmation of cooperation and joint efforts on targeting reproductive health of Ukrainian women, men and families through improved access to quality FP/RH services and use of modern contraception as an alternative to unintended pregnancy and abortion.

To intensify and strengthen implementation of the signed Formal Partnership Agreements HWUP carried out a number of meetings and organizational activities in tree “new” oblasts. One example of such activities is organized by HWUP visit of Mykolayiv Oblast Health Department to Kherson oblast in order to participate in the meeting of Kherson Oblast FP/RH Coordinating Committee. During the meeting visitors received information on ongoing implementation of the Program in Kherson oblast, main achievements and existing challenges, as well as on some ways and examples to overcome them. After the visit it was decided to take the ideas and best practices and implement them immediately in Mykolaiv oblast. This visit along with other activities resulted in issuing of an administrative order #58L (dated January 28, 2014), which regulates the basic provisions, activities, measures and interventions for HWUP implementation in the oblast. It also identifies the person responsible for implementation of the Program in the region and ensures organizational support to implementation of the HWUP’s activities.

HWUP tries to involve oblast healthcare authorities into the Program implementation as soon and as deep as possible, as it is proved that more they involved – easier and better the Program is implementing. Therefore, strong efforts were targeted on this matter. A good example of such efforts’ result is participation of Volodymyr Pullin, Acting Head of the Department of Health of Chernihiv Oblast State Administration in the first five-day FP/RH training in Chernihiv oblast. He made opening remarks at the training where clearly highlighted the importance of HWUP implementation in the Oblast and readiness of the Oblast to provide any necessary support to that. Moreover, he came back to the training several times to talk with participants and trainers, and to ensure that “everything is going smoothly and people have everything”. His “participation” in the training was also very important for trainees, as they saw real commitment of the Oblast Administration and had possibilities to talk with OHD leader (which is not a rule in the country and quite difficult in their daily life. A press release dedicated to this event was also posted on the website of Ministry of Health of Ukraine where a quotation of Mr. Pullin was published: “Participation of oblast in this Program is an extremely important step, because the HWUP aim is to improve reproductive health of population, and in particular, the broad educational work among different
groups of population and improving access to health care. As it is fully in line with our OHD’s priorities we will provide any support needed for its implementation in our Oblast”.

However, critical political situation in the country, frequent changes of government officials at national and local levels, especially revolutionary Maidan’s events in Kyiv city, followed by several changes of City authorities, as well as very often civil and health departments’ staff turnover, became an objective barriers to signing of Partnership Agreement with Kyiv City Administration and, consequently, to starting HWUP activities there (as it was scheduled to be done in PY3). Despite this fact, HWUP submitted several official letters to all City authorities during PY3, which were at that time in charge of the City (in October 2013 to the City Mayor Mr. Oleksandr Popov; in December 2013 – to the City State Council; in January 2014 - to the new City Mayor Mr. Vladimir Makeenko; in March 2014 - to another City Mayor Mr. Vladimir Bondarenko; and in June 2014 to current City Mayor - Mr. Vitaliy Klitchko) requesting a meeting to discuss possible collaboration and prospective technical support in the Family Planning/Reproductive Health sphere. Unfortunately, HWUP has never received any responses. Therefore, PA with Kyiv City Authorities was not signed during the PY3.

In PY3 HWUP continued to provide technical support to the MOH in implementation of the Family Planning component of the GOU Monitoring Plan including: 1) SPRHN implementation in 2013 including expenditures analysis and 2) development of the SPRHN annual report. HWUP analyzed the data on implementation and expenditures under the State Program and local FP/RH programs. Expenditures analysis also measured the gap between planned budgets and actual expenditures. The obtained results of SPRHN annual report showed support of reproductive health issues at both national and local levels even at present economic crisis in Ukraine. In 2013, 1,3 million UAH were spent from the central budget for procurement of contraceptives for women with extra-genital pathology (serious diseases/conditions, which threat a women’s health and lives during pregnancy and childbirth). Besides, 950,000 UAH was spent from local (oblasts) budgets for contraceptives procurement, including 703,000 UAH for women with extra-genital pathology, and 242,000 UAH for other vulnerable population groups mentioned in the SPRHN (young people aged 18-20 years, women with low-income families, etc.). HWUP used the findings of this analysis as the basis for technical discussions at the MOH and regional levels to advocate for additional GOU actions required to increase FP/RH funding.

The SPRHN annual report, developed with HWUP support, was submitted to the Cabinet of Ministers of Ukraine by the Ministry of Health. HWUP support in development of the report was highly appreciated by MOH representatives.

Data from the SPRHN annual report was widely presented to local authorities - representatives of all oblasts of Ukraine during the National Dissemination Meeting conducted with HWUP support in Kyiv in May 2014. Ministry of Health representatives made there a presentation “Improvement of Family Planning and Reproductive Health system in Ukraine” where emphasized the exclusive role and importance of the Program and its support to SPRHN implementation in Ukraine. The event brought together leading experts on family planning from all regions of Ukraine. A publication dedicated to National Dissemination Meeting was posted on the main news page at the website of MOH of Ukraine (http://moz.gov.ua/ua/portal/pre_20140529_h.html).

HWUP also used the data from the SPRHN annual report during Oblast Coordinating Committees to advocate for additional actions on FP/RH at regional levels.
3.2. Support GOU in development of the National FP/RH Center. The Program will provide technical support and expertise to the MOH and National Academy of Science of Ukraine in the creation of a new institution – National FP/RH Center, training of its staff on modern FP/RH issues and bringing it to the level of a nationwide coordinating body responsible for FP/RH education, policy development and guidelines operationalization.

During the reporting period a new national Order #1030/102 “On improvement of family planning and reproductive health in Ukraine” (dated 11/29/2013) was approved jointly by the Ministry of Health of Ukraine and National Academy of Medical Sciences of Ukraine. This order regulates functioning of the entire three-level structure of family planning services in Ukraine. The order also determines creation of a new governmental entity - National Center of Family Planning and Reproductive Health - on the base of the National Institution "Institute of Pediatrics, Obstetrics and Gynecology" (IPOG). This new Center in the future will be responsible for FP/RH policy and operational guideline development.

In PY3 HWUP conducted several meetings with the Ministry of Health of Ukraine and IPOG representatives to define their opinion regarding functions and mission of National FP/RH Center and the capabilities of all parties about its creation. HWUP jointly with IPOG priory agreed on the possible location of the future Center and discussed possible structure. The planned future structure and functions of the National Center were presented by Prof. Tatiana Tatarchuk, Deputy Director on Scientific Work of the National Institute of Pediatric, Obstetrics and Gynecology, National Academy of Medical Sciences of Ukraine at the National Dissemination Meeting (May 2014). Prof. Tatarchuk also emphasized that experience, structure, scientific and practical potential, personnel and desire of the National Institute will be a guarantee of success for the Center, as family planning in Ukraine was “born and historically created” by the Institute. “We are open and willing to cooperate! Strong family planning system’ structure will ensure positive changes in the health of generations” - said Prof. Tatiana Tatarchuk.

However, the National Family Planning Centre was not yet established due to legislative restriction to create any new governmental entity or institutions and recommended reduction of public sector employees determined by the Resolution of the Cabinet of Ministers of Ukraine # 65 dated March 1, 2014). HWUP plans to continue its advocacy activities and meetings with GOU authorities in order to find possible ways to overcome these restrictions. Hopefully, the Center will be organized in PY4.

3.3. Maintain dialogue between donors, international agencies, private sector partners and other partners, NGOs to generate a common advocacy platform in order to promote FP, increase its importance, and get additional support and resources for FP/RH.

During the reporting period, despite an unstable and complicated policy environment, HWUP managed to continue keeping the Family Planning policy agenda open and important through regular meetings and events.

Given WHO and UNFPA’s interest in improving the FP/RH policy environment, as well as WH&FPF’s
and SDC’s joint policy and advocacy activities, in PY3 HWUP closely collaborated with these partners through participation in the RH Partners Group led by UNFPA. Participation within these coordination groups provides HWUP an opportunity to stay up-to-date with recent FP-related developments and also to help coordinate international organizations’ work. On October 23, 2013 HWUP participated in the Reproductive Health Partners Group’ meeting led by UNFPA, which was held in the MOH. The main focus of the meeting was given to the issue of sustainability of FP/RH Programs in Ukraine, where vision on sustainability of RH/FP programs, strategy, priorities and needs for international support in FP/RH area for 2014 and beyond were discussed. Discussion at this meeting shows the common understanding of sustainability’s definition and importance by all partners, as well as necessity of strong coordination of partners’ activities, in order to ensure effective resource utilization, not duplication of activities and sustaining as maximum efforts as possible.

In PY3 HWUP continue dialogue with PSPs (e.g. Bayer Health Care and Richter Gedeon) mainly at the oblast level to get additional support for CME and BCC events to expand FP/RH information to health providers and BCC educational sessions. As a result, during the PY3 both PSPs: Bayer Health Care and Richter Gedeon have provided support to CME activities in all HWUP partnering oblasts (as described in the relevant section above). Unfortunately, in the second quarter of PY3 the Bayer Health Care, due to objective political and economic reasons, stopped its support to BCC events, which despite many HWUP advocacy efforts was not re-started in PY3 (also described in the relevant section above). HWUP plans to continue its advocacy efforts and meetings with PSPs in order to re-start their support to BCC events in PY4.

![Joint HWUP/UNFPA Workshop in Chernovtsy, October 15, 2014](Photo by Nadyia Salo)

In PY3 HWUP actively collaborated with UNFPA in different FP/RH aspects. One example of such collaboration is organization of seven joint advocacy workshops “Building Partnership to Enhance Access to Quality Family Planning Services and Sustainable Access to Contraception” for policy makers and key experts from all oblasts of Ukraine, including all HWUP partnering oblasts. Key objectives of these activities were to attract the attention of the local officials to FP issues, to advocate for funding for contraceptive procurement from local budgets, to raise an awareness of regional decision-makers on public health, social and demographic benefits of effective family planning policies, to promote sustainable partnership-based financing mechanism - Total Market Approach and increase access to RH commodities for different population groups.

These workshops were attended by oblasts level decision makers, responsible for humanitarian issues; MCH authorities; finance and budgeting leaders; healthcare providers; representatives of social services for youth centers, private sector and NGOs.

The workshops included presentations and discussions on FP/RH, demography, National Communication Strategy, importance and benefits of family planning, current situation of contraceptives market: available contraceptives, suppliers and providers, availability and affordability of contraceptives for different groups of population, etc. Combination of presentations and discussions were aimed in arriving at a consensus and shared understanding of key benefits of family planning in the Ukrainian context and demographic change, and market based solutions, which could be applied in order to ensure access, availability and affordability of FP/RH commodities, based on partnership between Government, public sector, private sector and NGOs. After each workshop, participants expressed their interest to continue
such meeting with such (according to their words) “concrete and clear, very practical and useful discussions”. Participants also noted that now they understood that family planning is not only for “pregnancy prevention” but also has many other positive effects, and some of them, especially not health workers, were amazed that appropriate use of family planning can lead to decreasing in maternal deaths. Majority of workshops’ participants expressed their readiness to re-discuss these issues with colleagues and try to identify possible ways to increase funding of FP/RH issues using local budgets and private sector’ sources.

During this reporting period, HWUP provided expert advice on development of a new State FP/RH Program beyond 2015 by participation in working group meetings, organized by USAID/SPECSI Project. The first such meeting resulted in an agreement between all the presented organizations (Ministry of Health, Ministry of Education and Science, Ministry of Social Policy, USAID, WHO, UNFPA, Swiss Cooperation Office, National Academy of Medical Sciences of Ukraine, IPOG, key Medical Universities and Academies, and NGOs) on the necessity to develop a new separate State FP/RH Program rather than to integrate FP/RH issues into the comprehensive National Program “Health of the Nation, 2020”. At the same time it was agreed that it is vital to appropriately present FP/RH issues in the last one. A formal Working Group on evaluation of the current SPRHN and development of a next one was organized and includes representatives of all interested governmental, international and donor organizations. During the meetings of this Working Group, HWUP provided its expert opinion on different aspects of evaluation of the existing SPRHN program, advantages and disadvantages of existing methods of programs evaluation, as well as mechanisms for the development of a new program using HWUP’s experience that resulted in creation of an interagency group on the assessment of the SPRHN. The evaluation strategy including terms of reference, indicators, data sources, and next steps for the evaluation was developed. This work will be continued by HWUP in PY4.

3.4. Educate national and regional officials on the importance of FP as a social, economic, gender, and human rights issue, and encourage participation of local representatives and supporters of the FP in the development of a united and common agenda for change to be used to advocate with MOH.

During the reporting period, HWUP jointly with main stakeholders involved in FP/RH policy and advocacy (MOH, UNFPA and WH&FP Foundation) developed an FP/RH advocacy package “Package of arguments in favor of family planning” that is based on FP/RH advocacy package developed within the HWUP predecessor - “Together for Health” project and includes Ukraine’s specifics and best international examples, information from the HWUP FP/RH situation analysis conducted in PY2, findings and lessons learned during the SPRHN implementation, as well as results of MICS 2012 and “Willingness and Ability to Pay for Contraceptives” survey conducted by UNFPA in 2013. This newly developed advocacy package will be used by HWUP in PY4 at national and regional levels through workshops/seminars for policy decision-makers as well as civil and health authorities to present medical, social, and economic benefits.
of FP and advocate for increased FP/RH funding. HWUP also encouraged all the partners to actively use this advocacy package to push for positive change in FP/RH at the national level. The package also provides a basis for advocating for the development of a new State FP/RH Program beyond 2015 (described in details in the previous point).

During the reporting period, HWUP supported meetings of Oblast Coordination Committees (OCC) in 10 partnering oblasts (except in Lugansk oblast – due to objective reasons). Oblasts Coordination Committee serves as an efficient mechanism of support, monitoring and evaluation of the program activities, strategic analysis, necessary changes and advocacy for proper financing of the whole program and FP activities, in particular. At these meetings, key decision makers at the oblast level have the opportunity to discuss together the oblast FP/RH programs achievements, challenges and lessons learned; identify existing problems and barriers; realize the reality of nowadays in terms of planned program’ activities and budget restrictions; make conclusions and develop a new approaches to reach the program goals, as well as advocate for adequate financing of FP activities despite the unstable and complicated political and economic situation.

The importance of increasing healthcare providers’ knowledge was clearly noted during all meetings. Participants also reported that knowing the importance of continuous education and necessity of its continuation after HWUP’s end, they started to put more and more attention to activities that can be conducted by oblasts using their internal abilities and without HWUP support. During the OCC meeting in Kherson, Dr. Natalia Ushakova, Head of Kherson Oblast Family Planning Center, reported that their Center very often receives gratitude from health professionals who participated in HWUP training and requests for additional trainings. She also highlighted a high percentage of after-training knowledge retention. In order to respond to such requests it was decided to conduct additional activities for the oblast’s rayons using existing materials and trained oblast trainers. She reported that their Center has already conducted seven seminars for healthcare providers from different rayons (using HWUP materials) and plans to organize such trainings regularly.

Such OCC meetings in oblasts attract more and more attention and interest at all levels in the oblasts that can be proved by the number of participants and participation of high-level authorities. For example, the OCC meeting in Zhytomyr was attended by more than 100 people and was presented on the OHD website (http://ztuoz.com.ua/index.php?option=com_content&view=article&id=4451:aktualn-pitaniya-galuz&catid=3:2009-06-22-11-43-53&Itemid=8).

Another example is the Oblast Coordination Committee meeting in Kirovograd oblast. In Coordination Committee meeting HWUP’s report attracted a lot of attention, especially data about achievements of the oblast after beginning working with HWUP (there was a sharp decline in abortion rate and increases in hormonal contraception use). Vita Atamanchuk, Deputy Governor of Kirovograd oblast said, “Now it is difficult to overestimate the importance of family planning, it always has to be on our agenda, and we decided to involve more of the departments of education and social services in this work in order to get close collaboration with the health department to ensure a systems approach to family planning issues”.

Dr. Oleg Ribalchenko, Director of Kirovograd Oblast Healthcare Department noted: “It is very easy to lose the achievement without constant efforts to strengthen them. There is still much to do and only joint systematic work would be effective. The HWUP not only pointed out our problems to us, but also gave us
the direction and methods for their solving”. This meeting was highlighted on the oblast websites: (http://krovograd24.com/society/2014/06/06/na-kirovogradchini-zmenshuetsja-kilkist-abortiv-i-riven-materinskoi-smertnosti.htm; and http://tusovka.kr.ua/news/2014/06/06/na-kirovogradchini-sposteraetsja-zmenshennja-kilkosti-abortiv).

In order to disseminate best practices by sharing practical experiences and lessons learned between peers in oblasts, HWUP facilitated three oblast-to-oblast visits for representatives of oblasts that joined the Program in PY3 to disseminate best practices by sharing practical experiences and lessons learned to the oblasts where HWUP works longer. Mykolaiv oblast’ representatives visited Kherson oblast, Chernihiv oblast’ representatives visited Sumy oblast, and Chernivtsi oblast’ representatives visited Ternopil oblast.

During the visits, participants had possibility to observe the HWUP interventions in healthcare facilities, talk with doctors and nurses who provide FP services, ask local authorities about collaboration with HWUP, hear lessons from their counterparts about important achievements and challenges faced in improving/expanding FP/RH services using a public health approach, learn the best examples of FP promotion and public’ education on FP/RH issues. All these study-tours were approved by the MOH and results were posted on their website (http://moz.gov.ua/ua/portal/pre_20140516_a.html).

3.5. Support the MOH roll-out of the HWUP approaches, models and materials nationwide

During this reporting period, a set of national FP/FR regulatory documents (national Order of the Ministry of Health of Ukraine and National Academy of Medical Sciences of Ukraine #1030/102 “On improvement of family planning and reproductive health in Ukraine” dated 11/29/2013; and Order of the Ministry of Health of Ukraine #59 “On approval and implementation of medical and technical documents on standardization of care in the area of family planning” dated 01/21/2014, which approves new clinical guidelines and protocol) was developed with HWUP support and approved by relevant governmental entities (as described above in the report).

The set of newly developed national FP/RH regulatory documents (order, clinical guideline, and protocol) have been highly appreciated by leading specialists of the MOH of Ukraine. For example, on January 14, 2014, Dr. Alena Tereshchenko, Head of the MOH Maternal and Child Health Department, said at an MOH briefing, “Ukraine is a global leader in the development of regulatory documents in the field of family planning. Ukraine is the only country in the world where developed a full set of FP/RH regulatory documents related to organization of FP/RH system, which includes order, clinical guideline and protocol. Our regulations are very good, and Ukraine is ready to share its experience with
other WHO countries”. Her speech was posted on the website of the Ministry of Health of Ukraine (http://www.moz.gov.ua/ua/portal/pre_20140114_b.html).

In order to present and widely disseminate a newly developed package of national FP/RH regulatory documents, HWUP supported the MOH in organization of a National Dissemination Meeting “Improvement of Family Planning and Reproductive Health system in Ukraine” in Kyiv on May 29, 2014. The event brought together leading experts in family planning from all regions of Ukraine, Heads and/or Deputy Heads of Oblast Health Departments, Oblast ob-gyns, Heads of Oblast FP Centers and other key FP/RH opinion leaders, medical authorities, international and local partners. The Meeting was attended by over 100 participants from all oblast of Ukraine.

Opening the meeting, Dr. Alena Tereshchenko, Head of the Maternal and Child Health and Sanatorium Provision Department at the MOH said, “Together with our partners we have traveled a long way and today we start to change the FP/RH system to make it more efficient, high quality, and comfortable for clients.” She also said “Ukraine now has all of the ingredients needed for health system strengthening, including a good foundation and strong commitment to improvement”.

During the meeting, the key points, requirements, and innovative approaches of the new orders were presented to participants. Participants also had the opportunity to discuss the new orders with the MOH representatives and members of the Working Group who developed them. Along with hard copies of the orders, each participant received training materials developed by HWUP to support dissemination of these documents and to facilitate trainings of healthcare providers on these documents in oblasts.

Acknowledging the importance of these orders, Professor Nina Goida, vice-rector of the National Medical Academy of Postgraduate Education, stated in a May 2014 meeting, “The newly approved national FP/RH orders, along with the training materials that were developed by the Healthy Women of Ukraine Program, comprehensively and clearly reflect new approaches and requirements for both the national FP/RH program and all levels of relevant health care providers, and should now be swiftly implemented in every region. We have a strong regulatory basis and now use of the aforementioned materials in trainings will not only contribute to improved FP/RH knowledge of health providers, but will increase the quality and availability of health care services by bringing it closer to user-clients who, in turn, will safeguard the reduction in maternal mortality rate, improved public health, and birth of healthy and wanted children. I would like to say a big thank you on behalf of the entire medical community and our future healthy Ukrainians.”

HWUP also provided support to the MOH to disseminate nationwide both newly developed orders and distribute hard copies of policy documents to all regions of the country. HWUP organized regional disseminations meetings in all partnering oblasts.
According to the CA, HWUP should support participating regions in the development of regional plans of institutional change. After several discussions with local authorities and considering lessons learnt and experience of TfH project, HWUP realizes that only officially endorsed orders will be mandatory implemented even without Program’s support. Therefore, as a substitution of the task on supporting oblasts in the development of their institutional change plans, in PY3 HWUP supported all participating regions in the development of regional orders to be issued by regional health administrations. Developing these orders it is important to consider the following: specifics of oblast health system structure, its strong and weak points, and existing priorities. One of the main features of the local order shall be client-oriented approach and integration of family planning into routine services at all levels.

These orders, among other activities, will include 3 major sections: a) BCC activities; b) clinical activities; c) policy work.

When the orders are issued, the oblast governments will be committed to: 1) conduct "thematic conferences, seminars, «round-tables», meetings on FP/RH issues for ob-gyns, general practitioners – family doctors, midwives, feldshers of FAPs by involving health providers from the FP/RH centers and USAID trainers; 2) organize annual All-Ukrainian FP/RH Week to raise public awareness on FP/RH issues and promote healthy lifestyles as stated in the MOH order #1032/102; 3) maintain Centers of Excellence to be created in 5 participating oblasts that would serve as methodological and training basis and a platform for dissemination of the best FP/RH practices and training models during and after HWUP expires; as well as other potential activities demonstrating commitment of participating oblasts.

HWUP will continue collaboration with all partnering oblasts on development of such local orders in PY4.

Small-grants program for NGOs working with women with disabilities.

In PY3 HWUP started a new program on increasing access to FP/RH services for women with disabilities. The goal of this program is to ensure that women with disabilities have equal access to quality family planning and reproductive health services through leadership and advocacy efforts of NGO women leaders who are disabled. The three objectives of the proposed activity are as follows: 1) improve leadership, advocacy and management knowledge and skills among NGO women leaders with disabilities; 2) advocate for increasing access to and quality of FP/RH services for women with disabilities; and 3) increase participation of NGO women leaders with disabilities in public and policy dialogues.

The program is implemented through the small grants mechanism. Its activities are focused on strengthening technical and organizational skills of local partner NGOs to advocate for better delivery of FP/RH services. At the end of the program awarded NGOs working with disabled women will develop partnerships with different stakeholders at local, regional and national level and will finalize their capacity building plans.

Within the program HWUP provided grants to four NGOs working with women with disabilities in Vinnytsya, Lviv, Zhytomyr and Luhansk oblasts. Another grant was awarded to the National Assembly of People with Disabilities that is providing methodological support to grantees in the regions and is working with stakeholders at the national level to ensure rolling-out of the models and policies beyond the program thus promoting its sustainability. It is also expected that the National Assembly of People with
Disabilities will continue advocating for policy change beyond the HWUP duration and may receive funding from other donors to implement high quality programs to support women with disabilities.

All NGOs-partners within this program started their activities in May 2014. Representatives of all these NGOs participated in a two-day training on FP/RH issues conducted by HWUP master trainers. In addition, HWUP and the National Assembly of People with Disabilities jointly conducted one-day trainings on methodology of accessibility audit and interview with health providers and clients on accessibility of FP/RH services for women with disabilities. Participants received all data and materials to be able to start data collection for accessibility audits and surveys in their oblasts. Planned audits and surveys were conducted by all NGOs-grantees. Some highlights of audits and interviews are presented below:

- **Accessibility audit was conducted in 40 health facilities (10 facilities per oblast). More than 200 women with disabilities and more than 240 health providers participated in interviews.**

- **All 40 audited facilities do not provide adequate access to women on wheelchairs and do not correspond to the State Building Requirements. There is minimal/basic access in oblast level facilities, though majority of smaller (rayon/village) facilities are non-accessible for women on wheelchairs.**

- **There is a lack of information on specifics of work with women with disabilities among health providers: 84% of health providers said that they have not being trained on the techniques of work with people with disabilities; 99% of health providers said that they have not being trained on specifics of work with women on wheelchairs; 67% of health providers confirmed that they had women on wheelchairs among their clients; 86% of health providers said that they do not have equipment to provide at least basis services to women on wheelchairs.**

- **Reproductive health is a taboo question for majority of women on wheelchairs: 99% of women on wheelchairs confirmed that they lack even basic information on FP/RH for women with disabilities; 73% of women said that they were not able to visit gynecologist when they needed this services.**

“We started our project with the idea that the situation with access to health services for the people with disabilities is critical. Now we see that cooperation of the local community, authorities and our project helps us to address most of the existing challenges and make the disabled feel physically and mentally independent. Volodymyr Bashynsky, expert, Zhytomyr Oblast NGO of people with disabilities “Youth. Woman. Family”, grantee of “Healthy Women of Ukraine” Program. Photo by Tania Makarova
A woman with disabilities faces a number of stereotypes which deprive her of happy life and equal rights in the society. Our project aim is to realize women’s reproductive rights and access to health services and to help the disabled to feel confident.

Tetiana Barantsova, Head of Luhansk Oblast Youth “Association of young people with disabilities of East Donbass - East”, grantee of “Healthy Women of Ukraine” Program.

Photo: Oleksiy Soroka

The program will be continued in PY4. NGO-grantee from Luhansk oblast started this work, but due to the unsafe situation and conflict in the region, was forced to move its activities to Kyiv where it is based now. HWUP will decide how, in which shape and to which extend the started collaboration with this organization can be continued.

V. Compliance with Voluntary Population Planning Activities

Using the Program’s guidelines for compliance with USAID requirements for Voluntary Population Planning Activities (VPPA), HWUP continued to monitor its implementation at various regional-level activities. The requirements for compliance with VPPA were monitored in all HWUP partnering oblasts regularly through direct Program activities as well as through the NGO-based activities supported mainly by Oblast Technical Coordinators (OTCs). Monitoring was done using existing HWUP checklists for clinical and BCC activities.

In Year 3, HWUP conducted VPPA monitoring of 46 clinical training courses, 54 BCC trainings, 17 BCC events organized by partner NGOs (this includes 13 events of NGO grantees, 3 events of grantees within program for women with disabilities and a WH&FPF event), and 11 HWUP health education sessions. No violations were found.

In addition, as a part of the contract signing procedure, all NGO grantees were trained on USAID VPPA requirements. Certification of VPPA compliance was signed by each NGO.

VI. Environmental Compliance

HWUP’s PMEP contains one indicator related to environmental compliance, namely “Number of Program supported TA materials (e.g., BCC/IEC materials, clinical training manuals, policies, etc.), that include information regarding safe medical waste disposal.” All HWUP activities in Year 3 were monitored against this indicator by both the Kyiv office staff and OTCs. During Year 3, HWUP distributed BCC/IEC materials developed within the NCS, which included the following environmental compliance message previously agreed upon with the USAID Environmental Specialist:

“Please protect the environment and public health by properly disposing used or expired contraceptives”

The clinical reference manual and curriculum “Life Stage Approach (postpartum and post-abortion periods)”, developed in PY 2, includes information on infection prevention and medical waste disposal in accordance with USAID regulations on environmental compliance.
According to the CA, all policies developed with HWUP TA (where relevant) should include information on safe medical waste disposal. During the reporting period, HWUP supported revision of the national clinical protocol on FP/RH. Messages on safe medical waste disposal are included in the clinical protocol.

VII. Challenges and Constraints

1. Due to the political situation in the country, a number of national events and local activities (especially in Kherson, Sumy, and Lugansk oblasts) were postponed. The unstable political situation also affected website and hotline utilization (number of website visitors and hotline calls decreased).

2. Due to limited budget, HWUP has a limited ability to conduct sociological research/analysis of the change of attitudes and behaviors of population in partner regions in the middle of HWUP work there (we can only conduct baseline and end-line analysis). Therefore the Program is looking now for cost-effective mechanisms to collect such evidence in the end of Program’ implementation.

3. There has been massive staff turnover in the Ministry of Health, Ministry of Education and Science, Oblast State Administrations and Oblast Health Departments recently, which results in additional time being needed to establish new contacts; provide explanations/education to new staff; resubmit documents, etc. This leads to delays in implementation of some activities.

4. Legislative restrictions for creation of a National FP/RH Center have led to the delay in creation of this important body. Identification of possible ways to overcome such restrictions requires more time from HWUP along with the MOH and National Academy of Science than it was initially planned.

5. Developing regional communication strategies on FP/RH was a new concept for Ukraine, therefore, the development and approval process was time-consuming and complicated. The HWUP team carried out a series of discussions/meetings with local government representatives and NGOs to present the idea and explain its importance, aiming to get oblasts’ commitment and endorsement. When the oblasts agreed to develop their communication strategies, HWUP provided them with the necessary support to do so. Even when regional strategies were developed, it was still challenging to identify feasible and sustainable mechanisms (letter, order, recommendation, etc.) to institutionalize them.

6. The hotline, website and social network activities are relatively new activities not only for the Program, but in Ukraine in general. Therefore, it will take more time and resources to promote them than earlier planned.

7. After two years of small grants and capacity building program for NGOs’ implementation, the HWUP team realized that it takes more than one year to effectively build the organizational and technical capacity of NGO-grantees, and to monitor and evaluate their progress. To increase the efficiency of this program, HWUP will extend the collaboration with the most active and effective local NGOs in Year 3.

8. Managers and health professionals at the national and oblast levels do not yet see the importance and benefits of FP for the health of the population. This is demonstrated by their lack of attention, lack of understanding of the importance of prevention work and, consequently, low priority of FP for some government officials at the national and regional levels. This complicates some Program activities and requires HWUP to reinforce its advocacy and FP promotion activities on both the national and regional levels.

9. HWUP’s target specialties are ob/gyns and family doctors. There are two separate departments in the MOH and OHA’s responsible for them: one is responsible for ob/gyns and another one for FDs, namely MCH and Family Medicine departments. All of HWUP’s clinical and policy activities need to be coordinated between both departments. This coordination, and receiving approvals for HWUP’s activities at the national and regional levels, is very challenging.